ATTACHMENT A
SAMPLE TAXI VOUCHER

CONTRACTOR'S INFORMATION	PICK-UP FROM:	MON. DAY YEAR / /
	DESTINATION To:	Voucher Number: 100560
Charge To: Fund: _____ Agency: _____ Org.: _____ Obj Code: _____ Activity: _____	Time Transportation Requested _____AM _____ PM	
	Time Taxi Arrived _____ AM ____ PM	Bill to: **City of Austin, Texas** _____ HHSD
Authorized By: _____	Cab #_____ Driver#_____	_____ APD
Clients Name: _____	Driver Signature _____	